

ELIGIBLE ORGANIZATION
Application Form
Office of Training and Certification



FOR OFFICIAL USE ONLY

1. Type of organization: New:
Update:

- ☐ Fire Department/Fire District
☐ Recognized Governmental Entity
☐ Institution of Higher Education
☐ Vocational-Technical School
☐ Other: _____

Received: _____
Check Number: _____
PO / Voucher: _____
Problem: Returned: _____
Received: _____
Approved: _____
Approved By: _____
EO Number: _____

2. Organization Name: _____

Mailing Address: _____

City/State/Zip: _____

County: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

E-Mail: _____

Website: _____

3. Physical Address: _____

City/State/Zip: _____

4. Authorized Signator: _____
(Print Name)

I _____ (Authorized Signator) hereby acknowledge that the _____
_____ (organization name) will submit to the Division of Fire Safety all required forms and docu-
mentation as required. In addition, the organization will maintain a record keeping system for all courses and atten-
dees. The organization will also comply with all regulations regarding Eligible Organizations contained in 5:73C, et.
seq.

(Authorized Signator)

This form must be completed and an Eligible Organization ID number assigned by the Division of Fire Safety before
any other approvals will be issued by the Office of Training and Certification. Be sure that your Eligible Organization
number appears on all applications forwarded to the Office of Training and Certification.

Only the Authorized Signator appointed by the authority having jurisdiction may sign the above statement. A copy of
the resolution that appoints the authorized Signator must be included with this application. If the Authorized Signator
changes, the organization must notify the Office of Training and Certification within 30 days.

ELIGIBLE ORGANIZATION APPLICATION INSTRUCTIONS

Note: Please type or print clearly on the application form. Certification will not be issued unless all required Documentation is received and validated.

Section

1. Check the type of organization applying for the eligible Organization status. In addition, indicate if this is a new or updated application.
2. Provide the organization's mailing address and contact information.
3. Provide the organization's physical address.
4. The application form must be signed and dated by the Authorized Signator. Please forward the application package, with all documentation to:

Division of Fire Safety
Eligible Organization Certification
PO Box 809
Trenton NJ 08625-0809

Note:

Questions regarding Eligible Originations or the application process and requirements may be made to (609) 633 6321. You may fax your application to the Office of Training and Certification at (609) 633-6744.